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(703) 746-4000

INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected I maintenance fee notification	rm should be used for tran respondence including the below or directed otherwise is.	smitting the ISSU Patent, advance or in Block 1, by (a)	E FEE and ders and noti) specifying	PUBLICATION FEE (if requirements of maintenance fees a new correspondence address	sired). Blocks 1 through 5 s will be mailed to the current c; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for					
CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must							
BANNER & WIT 1001 G STREET N SUITE 1100 WASHINGTON, I	ıw 🦯	SIPE	١	Ce	have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.						
	100	CI 2 9 2004 3)			(Depositor's name)					
	E	5			(Signatur						
		MADEMARK			(D						
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.					
10/663,840	09/17/2003		Russell Va	n Mathews	005216.00027	2701					
FITLE OF INVENTION: D	IFFERENTIAL PRESSURE	E LEVEL CONTRO	DL								
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE					
nonprovisional	NO	\$1330		\$300	\$1630	12/13/2004					
EXAMINER		ART UN	IT	CLASS-SUBCLASS	_						
FRANK, RODNEY T			6 073-299000								
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicates	e address or indication of "Follence address (or Change of 22) attached. tion (or "Fee Address" Indication more recent) attached. Use	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	Γ (print or type)							
PLEASE NOTE: Unless		elow, no assignee of	data will app	ear on the patent. If an assignment							
(A) NAME OF ASSIGN	EE	(B	11/01/2004 NNGUYEN2 00000020 190733 106 P) RESIDENCE: (CITY and STATE OR COUNTRY)								
Cargill, Inc.			Wayzata, Minnesota 01 FC:1501 13/0.00 DA 03 FC:8001 30.00 DA								
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the p	oatent): 🗖 Individual 🖬 C	Corporation or other private gr	oup entity Government					
a. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):							
Issue Fee			A check	in the amount of the fee(s) is ea	nclosed.						
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # of	Copies 10		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0733 (enclose an extra copy of this form).								
	(from status indicated above MALL ENTITY status. See	•	b. Applic	cant is no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).					
The Director of the USPTO NOTE: The Issue Fee and P nterest as shown by the reco	is requested to apply the Issublication Fee (if required) yords of the United States Pat	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if ar I from anyon Office.	ny) or to re-apply any previous e other than the applicant; a reg	ly paid issue fee to the applic sistered attorney or agent; or t	ation identified above. he assignee or other party in					
Authorized Signature	atplik	adare		Date	Oct. 29, 2004						
Typed or printed name _	Anthony W. Kandare			Registration	n No. <u>48, 830</u>						

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Complete If Known

PTO/SB/17 (10-03)
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FEE TRANSMITTAL	Complete II Known						
FEE IRANSIVIIIIAL	Applica	Application Number 10/663,840					
for FY 2004	Filing Date Septe			Septe	mber 17, 2003		
Effective 40/04/0002 Patent face are authors to appeal revision	First Na	First Named Inventor Russell Van Mathews			ws		
Effective 10/01/2003, Patent fees are subject to annual revision.	Examiner Name R. Fra			R. Fra	ank		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit 2856			2856			
TOTAL AMOUNT OF PAYMENT (\$) 1700	Attorne	Attorney Docket No. 005216.00027					
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
<u>&</u>	3. ADDITIONAL FEES						
Order	Large Entity Small Entity						
Deposit Account:	Fee	Fee	Fee	Fee	Fee Des	scription	Fee Paid
Deposit Account 19-0733	Code 1051	(\$) 130	Code 2051	(\$) 65	Surcharge - late	•	
Number 19-0733	1052	50	2052	25	-	provisional filing fee	
Deposit	1053	130	1053		Non-English spe	cification	
Account Banner & Witcoff, LTD.	1812	2,520	1812			st for reexamination	
Name	1804	920*	1804		• .	cation of SIR prior to	├
The Director is authorized to: (check all that apply) ☑ Charge fee(s) indicated below ☑ Credit any overpayments	1805	1,840*	1805	1	Examiner action	cation of SIR after	
☐ Charge any additional fee(s) during the pendency of this application ☐ Charge fee(s) indicated below, except for the filling fee	1000	.,	,,,,,		Examiner action		
to the above-identified deposit account.	1251	110	2251			ly within first month	
FEE CALCULATION	1252	430	2252		Extension for rep month	ly within second	
1. BASIC FILING FEE	1253	980	2253	490 I	Extension for rep	ly within third month	
Large Entity Small Entity	1254	1,530	2254		Extension for rep	ly within fourth	
Fee Fee Fee <u>Fee Description</u>	1255	2,080	2255			ly within fifth month	\vdash
Code (\$) Code (\$) Fee Paid	1401	340	2401		Notice of Appeal	•	
1001 790 2001 395 Utility filing fee 1002 350 2002 175 Design filing fee	1402	340	2402		* -	upport of an appeal	
1002 550 2002 175 Design limit glee	1403	300	2403		Request for oral	• • • • • • • • • • • • • • • • • • • •	
1004 790 2004 395 Reissue filing fee	1451	1,510	1451		Petition to institu	te a public use	
1005 160 2005 80 Provisional filling fee	1452	110	2452	55	Petition to revive	 unavoidable 	
SUBTOTAL (1) (\$) 0	1453	1,370	2453	685	Petition to revive – unintentional		
	1501	1,370	2501				1370
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1502	490	2502		Design issue fee		—
Extra Fee from Fee Claims below Paid	1503	660 130	2503		Plant issue fee	 1	
Total Claims -20 ** = 0 X 18 = 0	1460 1807	50	1460 1807		Petitions to the Director Processing fee under 37 CFR 1.17 (q)		\vdash
Independent Claims -3 ** = 0 X 88 = 0	1806	180	1806	180	-	formation Disclosure	
Multiple Dependent X 290 = 0	8021	40	8021			patent assignment es number of	
Large Entity Small Entity	1809	790	2809	i	properties)	on after final rejection	├ ─┤
Fee Fee Fee Fee Code (\$) Fee Description	1009	7 30	2003		(37 CFR § 1.129		
1202 18 2202 9 Claims in excess of 20	1810	790	2810		For each additional invention to be examined (37 CFR § 1.129(b))		
1201 88 2201 44 Independent claims in excess of 3 1203 300 2203 150 Multiple dependent claim, if not paid	1801	790	2801			ued Examination (RCE)	
1204 88 2204 44 ** Reissue independent claims over original patent	1802	900	1802	900 F	Request for exped	ited examination	
** Reissue claims in excess of 20 and					of a design applica	ation	l
over original patent	Other fe	Other fee (specify) Publication Fee and (10)-Advance Patent Copies 330					
SUBTOTAL (2) (\$) 0	*Reduc	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1700					
**or number previously paid, if greater; For Reissues, see above	<u> </u>						
SUBMITTED BY Complete (if applicable)							
	stration No. rney/Agent		3,830		Telephone	202-824-3000	
Signature auto We Kada					Date	October 29, 20	004

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